MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

a) [[]

1. PLACE OF DEATH: County Dorchester				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				state Maryland c	ounty Dorchest	er
City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)						
How long in above place	e of death? 40	Yrs	•••••	City or town Cambridge (If outside city or town limit	its, write RURAL and give nes	rest town)
Hospital, institution, o	r street address where	death occurred	!:	Street No. 6 W. End Av	e.	
			***************************************		ve LOCATION)	
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security 212-12-16	Number 45
Norman 4. Sex	G. Adams	1 6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
	W					
Male	6.0	Mai	ried	20. DATE OF DEATH SOCT. S	EPT. 16 1946	, at M
	# wite Mabel			21. I CERTIFY that death occurred on the date a	bove stated; that I attended dece	asad from
***************************************	*****************************	6.(c) If allve, give age 45 years	and that I last saw h Annualive on	Doch R 16	46
7. Birth date of deceased (mo., day,	yr.) Dec.	2.	1898			
8. AGE: Year		Days	If less than one day	Immediate cause of death	eneroza,	DURATION 2
47	9	14	hrs,min,	acult of place	~	
9. Birthplace Cam	bridge, I	orche	ester, Md.	Due to	***************************************	•***************
	Mariner			Due to	•••••••••••••	* ************************************
11. Industry or busine	ss					*
H	eorge, W.		ns	Other conditions Augusta	Pedans	
13. Birthplace	Maryland			(Include pregnancy within S	3 months of death)	
14. Maiden name	Tripken	ra E	vane	Major findings of operations		
2 15. Birthplace	Marylar	nd				
	s Mabel A	deme		Autopsy results		
				PHYSICIAN: Please underline the cause to		
	mbridge,		and	22. VIOLENCE: 11 death was due to external c	aurae fill in the foliowing:	
Burial (Burial, cremation, or removal. Which?) Burial (Burial, cremation, or removal. Which?) Burial (Burial) (Burial) (Burial)				Accident, suicide, or homicide		*************************
cemetery or crematory Dorchester Memorial Park				Where did injury occur?(City or town) (County)	(State)
Location Cambridge, Maryland				Injured at home, farm, Industry, public place ((where?)	
18. Funeral director Le Compte Funeral Service				Means of Injury	Injured al work?	
Address High, St., Cambridge, Md.				Caro- Str.	nompeon	WO
				23. SIGNATURE // MURICIPALITY	M. D.	or other
(Date rec'd by r	egistrar)	0	Macefo new Registrar	Address (Lesukydy	14 cd Date signed.	4ac2 17

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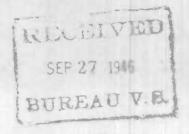
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birth shown No.	dat	0	of	dec	eas	ed	is
ILM No.	I	0	7	OCT	2	15	140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Eldorado (Rural)	state Maryland county Dorchester		
City or town (Rural) (If outside city or town limits, write RURAL and give nearest town)	Eldorado (Rural)		
Now long in show place of death?	City or town Eldorado (Rural) (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: P.O. Rhodesdale, Md.	Streel No. P.O. Rhodesdale, Md.		
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	I I I I I I I I I I I I I I I I I I I		
Daniel H. Brinsfield	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	None		
male white married	MEDICAL CERTIFICATION		
	20. OATE OF DEATH September 13 19.46 27-30P.		
6.(b) Name of husband or wife Emily Fannie Adams	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from		
7. Birth date of	X 19 10 X 19		
7. Birth date of deceased (mo., day, yr.) October 21-1864 1860	and that I last saw hX. alive on		
8. AGE: Years Months Days If less than one day	Disease of Coronary Arteries ?		
85 10 22xhrsmin.	***************************************		
9. Birthplace Dorchester County - Md.	Que to Arterio-Sclerosis ?		
(Town, county, and state)	Due 10.3.2. 4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
10. Usual occupation Farming	Que la		
11. Industry or business Farm	DUE 10		
Elijah Brinsfield	Other conditions		
13. Birthplace Dorchester Co. Md.			
Sarah Harding	(Include pregnancy within 3 months of death)		
14. Malden name Sarah Harding 15. Birthplace Dorchester Co. Md.	Major findings of operations.		
Fland of D. Princet and	Date of op.		
16. Informant Elwood B.Brinsfield	Autopsy results		
Address Rhodesdale, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
17 Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemelery or crematory. Vienna Cemetery			
	Where did injury occur?		
Locallon Vienna, Laryland	Injured al home, farm, Industry, public place (where?)		
18. Funeral director J. J. Frampton and Son	Means of Injury Injured all work?		
Address Federalsburg, Maryland	In Koth On my		
Vest 13- 11/ Obaches Color	23. SIGNATURE / Shrinting Denke M. D. or other		
19 X 13 13 46 Charles d by registrar) (Date rec'd by registrar) Registrar	Address Cambridge, Md. Date signed Sept. 14/4		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	30-2
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Dag	Diet	No	// 6

	CERTIFICAT	TE OF DEATH Reg. Diat. No
	1. PLACE OF DEATH: County City or town. (If outside eity or town limite, write RUTAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (lf rural, give LOCATION) 2.(a) If veteran, name war.
	3. (a) FULL NAME Charliel Beristlo	BRISTOL 3. (b) Social Security Number
	Male Colord Majuld	MEDICAL CERTIFICATION 2D. DATE DE DEATH SEPT 2 19.16 at 8 2 M
	6.(b) Name of husband or wite	21. I CERIUFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
	8. AGE: Years Months Days If less than one day	Immediain cause of death Delatety of Thee OURATION
	9. Birthplace Rangal V A (Town, conty, and state) 10. Usual occupation.	Due to haretie secret Desoure?
	11. Industry or business 12. Name Charle REISTOCO 13. Birthplace Concak V. A.	Due to
	13. Birthplace Rough A 14. Maiden name Down A 15. Birthplace Rough A	(Include pregnancy within 3 months of death) Major findings of operations
	16. Informant Mary Bristol Address BRISTOL	Antopsy results
	17. Burind, cremation, opterworal, Which?) Cemetery or crematory (Manual Manual Manua	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	Location Marinestan Baliner	Where did injury occur?
	Address Caccolondes Ded 9-24-19 46 Def Jones One	23 SIGNATURE Carney a Morahan 20
1	(Dute rec'd by registrer)	Address druhyda, Med Bate cignod Start &

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

(837 Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Naryland County Nicomico		
Cambridge (If obtside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town	rn)	
Hospital, Institution, or street address where death occurred:	Street No.		
Eastern Shofe State Bospital	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number	r	
Ira Catlin	none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mald White Midowed	20. DATE OF DEATH September 7 1946 , at 1	1.55P	
6.(b) Name of husband or wife. Julia Lee Bradley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	1.1946	
	and that I last saw h alive on September 7	.19.46	
deceased (mo., day, yr.) September 9 18/1		URATION	
8. AGE: Years Months Days If less than one day			
hrsmin.	Arteriosclerosis- Kyooardial Degeneration		
Tyask in, Wicomico Co. Md.	Degeneration	***************	
9. Birthplace(Tawn, county, and state)	Due to		
10. Usual occupation.	Senility	•••••••	
	Due to		
11. Industry or business William Augustus Catlin	Senile Psychosis		
12. Name Somerset Co. Md.	Other conditions		
	(Include pregnancy within 3 months of death)	4 mo	
Elizabeth Phillips	(Include pregnancy within 8 months of death)		
14. Maiden name Somerset C. Md.	Major fiediogs of operations.		
15. Birthplace Hospital Records	Qate of op		
	Actopsy results		
16. Informant Cambridge, Karyland	PHYSICIAN: Please noderline the cause to which death should be charged statistical	ally.	
Address Q 11 19.11	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
17. Burial Date thereof. 9. 11. 1946 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Maria	Where did injury occur? (City or town) (County) (State)		
Cemetery or crematory.)	
Location Mardela, Md	Injured at home, farm, Industry, public place (where?)		
Fraversor Bros	Means of Injury Injuryd at work?	A	
16. Puneral director.	Va 3. March	76	
Address Sharphoun, Ma	C23. SIGNATURE SULLY A VISIONIANO	4 Mil	
9.9. 18 Sal 80 . 16.5	M. D. or other		
(Date rec'd by registrar)	Cambridge, Md. Oate signed Sept	8	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-1



CERTIFICATE OF DEATH Reg. Dist. No.... 1. PLACE-OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) s, write RURAL and give nearest town) How long in above place of death?. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospitat or institution?. 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 6/(b) Name of husband or wife. .6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Years Months If less than one day 9. Birthplace..... county, and state) 10. Usuat occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 15. Birthplace PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to five following: Accident, suicide, or homicide..... Burial, cremation, or removal, Which?) month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury 23. SIGNATUR

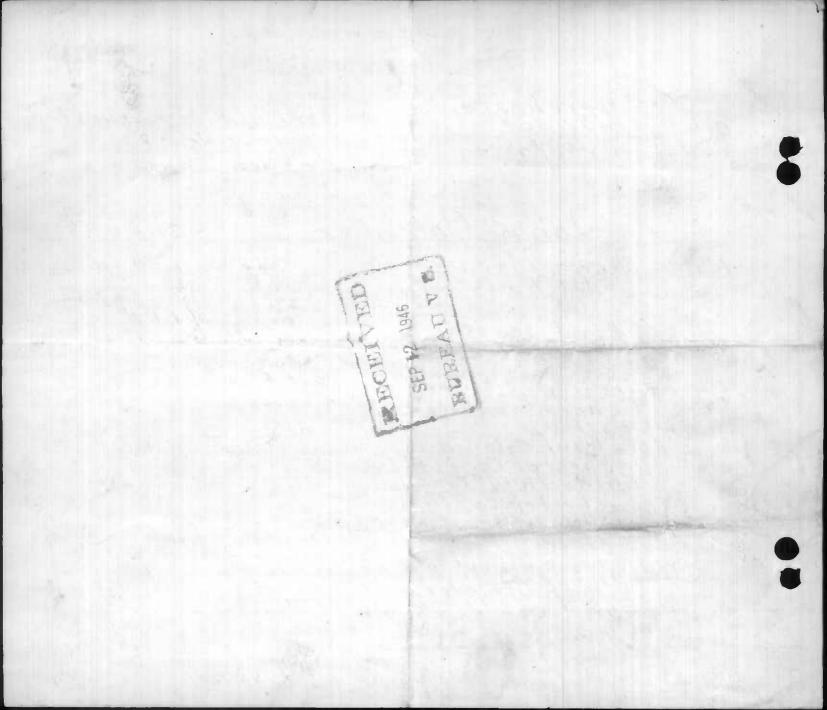
TOTAL TENEDON STREET, AT A TOTAL STREET, REALIZED SEP 18 1945 RUREAUVE

MARYI	AND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County // CESES	
City or town. (If outside city or town limits, wrig RURAL and give nearest town)	State Mary and County bochester
	City or town Cambridge
How long in above place of death?	(If outside city or town limit write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Park Lane
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Olen	107 214-07-8179
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
11.10 11.00 11.00	0 1 - 1
Male Negro Married	20. DATE OF DEATH De 12 tem ber 1 19 46 at 2:35 AM
OH. Jala y Calara you	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife /trde/17 Coleman	B 2 W 8 1. V m V.C.
7. Birth date of	aug 27 19 6 to Defet 7 19 69
7. Birth date of /1 / 2	and that I get saw h. M.M. alive on
deceased (mo., day, yr.) April 30 1889	Immediais cause of death Greenfa OURATION
8. AGE: Years Months Days If less than one day	7 Rags
57 4 7min.	
BILL BULL MILL	Prustation and Chr; 3
9. Birthplace 23/4/20. Co. //d	Due to de la company de la com
General Naborer	Cholitic
10. Usual occupation Ceneral Laborer	Due to
11, Industry or business Tactory	V40 12
	Defendant of the second
12. Name. Abyaham Coleman 13. Birthplace Dorchester Co. Md	Other conditions distributed full the first file of the file of th
13. Birthplace 1/orchester Co. Md	(Include pregnancy within 3 months of death)
Elizabeth McCready	(Include pregnancy within 8 months of death)
14. Maiden name Elizabeth McCready 15. Birthniace Dorchester Co. IVId	Major findings of operations.
15. Birthplace Voychester Co. /V/d	Oate of op.
18 Informant Ardelia Coleman	
	Autopsy results
Address Cambridge //d	
Bux 31 0 Sent 10 1941	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot. P. T. O. 1946 (Borial, cremation, or removal, Which?)	Accident, suicide, or homicide
IN Tuch (esup to yel	Where did takey occur?
Cemetery or crematory VV 2025 CETHETEX	Where did injury occur?
Location Camby, Age, Md	tnjured at home, farm, Industry, public place (where?)
2/1/1/201	Means of Injury Injured at work?
18. Funeral director	
Address Casulinedge, Md.	1 1 1 1
O D A ALL	23. SIGNATURE JUNES (L. J. KOW J. SOU M.)
sept. 10 , 46 July maco a Mr.	M. D. or other 7/11
(Date n'c'd by registrar)	Address Ghumas, May Date stgnedoff. 196



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

CERTIFICATE OF DEATH

11	CO	7:	1	1	/	/
Reg.	Dist.	No.	1	(!		<i>.</i>

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Blockhesler	State Mid County Dorchestes
City or town (If outside city or town limits, write RURAL and give nearest town)	Est War Marchat
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Than St.
	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Collein	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male whete marriel	20. DATE OF DEATH September 16 19.46 at 9 A M
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I ettended deceased from August 20, 19.46, to optember 10, 46
7. Birth date of years	and that I tast saw him alive on Septemb: 12 1946
deceased (mo., day, yr.) 8. AGE: Years Manths Days If less than one day	Immediate cause of death cute Cardiac OURATION
4.///	dilatattion
hrsmin.	
9. Birthplace	Due to Chronic Lyocarditis 10 yrs
10. Usual occupation	Oue to
11. Industry or business	ntoniosalo ogia
12. Name Samuel C. Gollerania 13. Birthplace	Other conditions Arteriogale osis 15 yrs
	(Include pregnancy within 8 months of death)
14. Malden name Julea Surpe 15. Birthplace 244	
5 15 Birthplace 211d	Major findings of operations.
Man India della se	Date of op.
16. Informant	PHYSICIAN: Please onderline the eause to which death should he charged statistically.
Address 6 and new Market	
17 Bureal Date thereof Sept 18 1946	22. VIOLENCE: tt death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Cast lew Market	Injured at home, farm, Industry, public place (where?)
KILL M. Some at the	Means of injury tojured at work?
18. Funeral director	
Address Oak / W / Article.	28. SIGNATURE July M. D. or other
18 Sept 17 19 46 Elizabeth Smil	M. D. or other
(Date rec'd by registrar) Registrar	Address Preston Md Date signed 9/17/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bill



08976

CERTIFICATE OF DEATH

Reg. Dist. No. ///

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or jown. O ext Mew Warter	State
(if ontside city of town limits, write RURAL and give nearest town) How leng in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
William Wukin Collins	3. (b) Social Security Number
4. Sex 5. Color of race 6/(A) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH September 7 1946 21 11:30 I
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Begust 27th 146 to September 7 19 46
7. Birth dato of	and that I last sawh im alive on September 7 19 46
deceased (mo., day, yr.) 8. AGE: Years months Days If less than one day	Immediate case of death Pulmonary dema DURATION acute but has had a Chronic 3 hrs
6 5 7 hrsmin.	acute, but has had a Chronic 3 hrs Passive congestion 3wks
9. Rirthptace	Bue to Chronic Myocarditis 5 yrs
10. Usual occupation Relited Farmer	Busin Hypertension and Arterios 8 yrs
11. Industry or business	bue to Hypertension and Arterios C yrs
E 12. Name Saucel C. Bolleus 13. Birthplace 211 d	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lucia Burken	Major fiadings of operations.
Mr. a M. & Calle	
Address A A Hew Market	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Success Date thereof Month (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemeiery or crematory Describers	Where did injury occur?
Location Cast men Market	Injured at home, farm, industry, public place (where?)
18. Funeral director 7. 13, Wellow they	Means of injury Injured at work?
Address Cast new Market	23 SIGNATURE COSE BLINGING
19. Sept. 10 1946 Elizabeth C. Sincel	Preston Magyland M.D. or other 9/10/46
(Date/rec'd by registrar) Registrar	Address Date signed

SEP 18 1945 BURLAU V E

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	17
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Dr. Bule

1	PARTMENT OF HEALTH ss St., Baltimore (3)-0
CERTIFICAT	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ROLAND CORNISH	3. (b) Social Security Number
4. Sex male 5. Color or racs 6.(a) Single, married, wildowed, or divorced Col Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 19.46, at 2:05 A.M.
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attempted deceased from 19 10 19 11 and that I last year helical alive on 20 20 20 20 20 20 20 20 20 20 20 20 20
9. Birthplace	Due to
11. Industry or business 12. Name. Alex Cornish 13. Birthplace Maryland 14. Maiden name. Susan Jenkins 15. Birthplace Maryland	Other conditions Deneto-precious Story. (Inclode pregnancy within 3 mooths of death) Major findings of operations. Date of op.
Address 17. Date thereof 7- 4- 4((Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Antopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director. Address Address Cemetery or crematory Ceme	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. (Date rec'd by registrar)	

HANDER OF BEATH AND THE STATE OF THE STATE O

SEP 9 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bastimore 93-20

CERTIFICATE OF DEATH

08978 Reg. Dist. No. // 0

Section Sect				
Coasty Attributed to the control of the coast (If routine et a coast) (If rout		2. USUAL RESIDENCE (HOME) OF DECEASED:		
The state of the s	County Sorchester			
Roy long in abore piece of dealth for the piece of dea	Cliv or town Hurborle - Kwal			
Bey long to hospital in the little of the	(II OUTSIDE CITY OF COME INMITS, WITCE MOTERAL ENG BIVE HEATEST COME)	City or town Aulock - Kural		
8. Ger Fear Months Days It less than one day 1. Berthplace Descriptions 1.	How long in above place of death?	(If outside city or town limits, write MURAL and give nesrest town)		
8. Ger Fear Months Days It less than one day 1. Berthplace Descriptions 1.	0 000	Street No.		
3. (a) FULL NAME 4. Set 5. Object or race 6. (a) Single, married, wlowed, or divorced Male Colored Midward Midward Colored Colored	***************************************	(12 total) give Doublesty		
6. Ser S. Dier or race Cloud Widowed or divorced Male Colored Widowed, or divorced Male Colored Widowed or divorced Widowed or divorced Widowed or wile Self-Bullet Self-Bulle	How long In hospital or institution?	2.(a) If veteran, name war		
8. Set S. Ebler or race Colored Midowed, or divorced Medowed or divorced Make Colored Midowed, or divorced Midowed or divorced	3. (a) FULL NAME	3. (b) Social Security Number		
3. (b) Name of husband or with	Clinton J. Hotson	none		
8. (b) Name of husband or with. S. (c) Haller, give age years deceased (mo. dav. yr.) S. AGE: Years Mosshs Days It loss than one day (Town, county, indicates) S. AGE: Years Mosshs Days It loss than one day (Town, county, indicates) S. Birthplace Deceased (mo. dav. yr.) Due to Duration Due to Duration Other conditions Control (mosth) (apy) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or cremation, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal Which? Date thereof. Section (month) (day) (year) Deceasery or remailor, or removal which at work? Date of deceasery or death and a late on the date of cause of death and a late on the section of death and the cause of death and the late taw and the cause of death and the cause of death and the cause of death and the late taw a	4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
8. (b) Kame of husband or wile. 3. (c) Halive, give age. 7. Birth date of deceased (mon. day, yr.) 8. AGE: Years 8. AGE: Years 8. AGE: Years 10. Dural occupation. 11. Industry or business 12. Birthplace 13. Birthplace 14. Maiden name. 15. Burchplace 16. Informant 18. Burchplace 19. Dural formant 19. Date thereof. Settlement 19. Date of deceased (month) (day) (year) 19. Date of injury 1	male Colored Widowed	1. t. 18 4 10: A		
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Secretary Secr	7 Right date of	and that I last saw halive on		
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10. Usual occupation. 11. Industry or business 12. Name. Charles Dorcheste Canty haryfand 13. Birthplace Dorcheste County Waryfand 14. Maiden name. Lane County Waryfand 16. Informant Valua Frazier Address Hurlock Naryfand 17. Date thereof. September 22 1946 18. Event or crematory. Pash you Colored County (month) (day) (year) 19. Location. Man Analorek, Maryfand 19. Funeral director. J. J. Franchester Survey Soy Address Full or conditions. 10. Informant Valua Frazier (Burlal, cremation, or removal, Which?) 10. Date thereof. September 22 1946 Address Funeral director. J. J. Franchester Colored County Address Funeral director. J. J. Franchester County Address Funeral director. J. J. Franchester County Address Funeral director. J. J. Franchester County Meens of injury Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work?				
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11. Industry or business 12. Name		and - alleronas several		
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14. Maiden name bank Carner 15. Birthplace Dorchester County Maryland 16. Informant Velna Frazier Address Hurlock Maryland 17. Duriel (Burial, cremetory or cremetory) Demetery or cremetory Location Man Hurlock Maryland (City or town) Man Hurlock Maryland Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury injured at work? M. D. or other M. D. or other	E 12. Name.			
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Date thereot Sestember 22 1946 (Burlal, cremation, or removal. Which?) Cemetery or crematory. ** **Location** Location** **Where did injury occur?** Location** **Location** **Lo	Address Surlock mary land			
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Addrogs tederalsburg many found 10 Shrives Def Med Charles 10 Sept 2 2 1946 Charles Haling 10 Sept 2 2 1946 Charles Haling	Location Wear Hurlock, Maryland	Injured at home, farm, industry, public place (where?)		
Address Federalsburg may found 25 SIGNATURE 11: Shriver Day M. D. or other	18 Funeral director J. J. Framptom R. L. Son	Meens of injury injured at work?		
10 Nest 2 2 10 46 Chash Haling 25 SIGHATORE	7 10 1 1	In. R. Alive As med Examples		
19. Aldress (Date red by registrar) (Date red by registrar) Registrar Address (Dass Lindage Md. Date signed Deff 19/100)	Silver of Charleston	23. SIGNATURE M. D. or other		
	19. (Date ree'd by registrar) Registrar	Address Tagger Sisualiza Mid Date signed Deff 19/100		



PLEASE

VS A15

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86-0)

CERTIFICATE OF DEATH

(8979 Reg. Dist. No. 116

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)			state Maryland			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. Radiance Drive (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM	1E		ley English		3. (b) Social Security	y Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	W	idowed	20. DATE OF DEATH	cember 23 19 46	.10:20Pm
		35.)	English Halive, give ageyears	and that I last sawhalive on	effect 2	23 19 Y C
8. AGE: Year 74		Days 22	tt less than one dayhrs. min.	Immediais cause of death		Y CC
9. Birthplace. Drawbridge. Dor. Co., Md. 10. Usual occupation. 11. Industry or business 12. Name J. Nathan Willey 13. Birthplace Maryland				Diher conditions		
14. Maiden name Lacey Hurley 15. Birthpiace Maryland 15. Sidney H. English				(Include pregnancy with		
16. Intormant	dney H. E		h and	Antopsy results	to which death should be charge	d statistically.
17Buri (Burial, cremation Cemetery or cremation LocationCal	al m, or removal, Which?) tory Dorches mbridge,	Date then ter M Maryl	emorial Park and eral Service	22. VIOLENCE: it death was due fo externs Accident, suicide, or homicide. Accident Where did injury occur?	wn) (County) ce (where?) QL Recornes	(State)
Address Cambridge, Mary land 19. Sept 76-18 46 John Macy & Megistrar (Date rec'd by registrar)				23. SIGNATURE	many But Signer	74 6 or other 9/2 (140



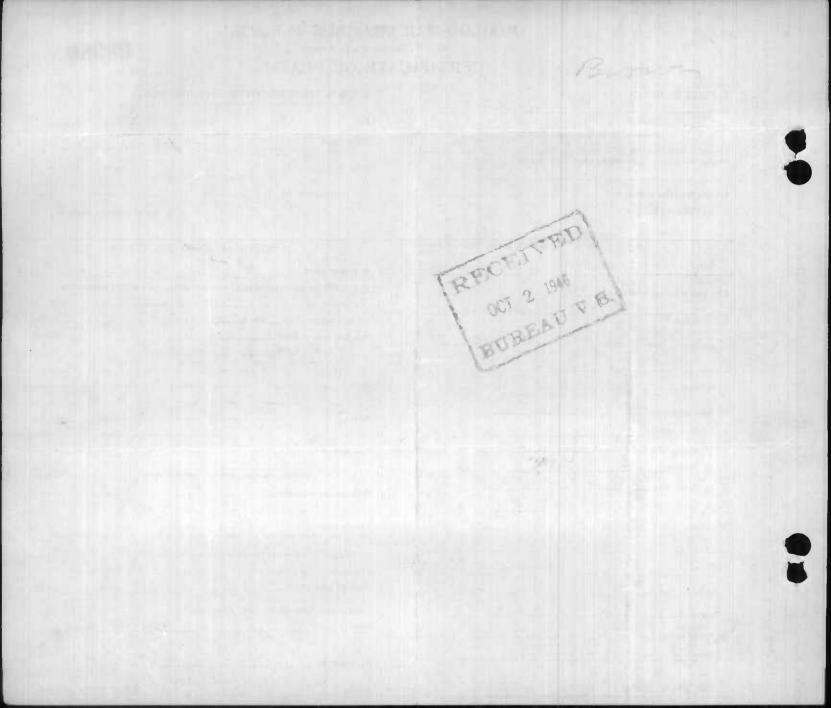
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

08980

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Unnie Lemeny.	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Hernale white widow	MEDICAL CERTIFICATION 20. DATE OF DEATH, 2 9 1946 1 7 Clare M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19
8. AGE: Years Months Days If less than one day 27hrsmin. 9. 6irthplace (Town, county, and state)	Due to
10. Usual occupations 11. Industry or business 12. Name Splica	Oue to
14. Maiden name Dogman Md. 15. Birthplace Dogman Md. 15. Birthplace Dogman Md.	(Include pregnancy within 3 months of death) Major fiadings of operations.
16. Informant Arabet The Thanket The.	Antopsy results
(Burial, cremation, or removal, Which?) Oate thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Location	Where did Injury occur?
Address aston Md.	22 SIGNATURE P.D. Brown, MD
19 Sept 30 19 46 Eligabeth C. Smill (Date rec'd by registrar) Registrar	Address Eart Rew Harter Date signed 9/30/



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

			CERTIFI	ICAI	E OF DEATH Reg. Dist. No. 110
y. PLACE OF DI					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
			••••••		
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)					State Maryland county Dorchester
How long in above place	ce of death? 54	Years	L		City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, o	or street address where	death occurred	:		Street No. 211 Oakley St.
					(If rural, give LOCATION)
	or Institution?		······································		2.(a) If veleran, name war
3. (a) FULL NAM		. Phil	more Geoghe	egan	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	4	MEDICAL CERTIFICATION
Male	White	IV.	larried		2D. DATE OF DEATH Saft 11 19 46 21 1.079 M
e (b) Name of bushes	d or wife Mart	ha Woo	dland		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of hospan	u or wife	e (Mallus sive and EZ		ang 22, 19 46, 10 Sept. 1/ 1946
7. Birth date ol) If alive, give age63	ycars	and that I last saw Austre on Saft Va 1946
8. AGE: Yea	yr.) Sept.	Davs	If less than one day		Immediais cancelé desth
62	13	26		min	Edema Ellings / aly
					0 66 66 40 4 4
9. Birthplace James Island, Dor. Co., Md.					Due 10. 3 1, 1906
10. Usual occupation Banker					- Justine Carrier
11. Industry or busine					Due Io
-41		Geog	hegan		Dther conditions
in in	Maryland	-) O O I		
E . M. H.	Mangane	+ Maca	ine		(Include pregnancy within 3 months of death)
H 14. maiden name	Managane	rInake	14-1		Major findings of operations.
≥1 15. Birthplace	Margare				Dale of op.
16. informant Jul	. Howard	Geogh	egan		Autopsy results
Address Ca	mbridge,	Maryl	and		22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buri	al	. Date There	(month) (day) (ye	1946	Accident, suicide, or homicide
					Where did Injury occur?
Cemetery or crematory. Greenlawn Cemetery.					
			and	3	Injured at home, larm, Industry, public place (where?) Meane of Lajucy Injured at work?
18. Funeral director.	LeCompte	's Fun	eral Servic	c.e	
Address Ca	umbridge,	Maryl	and.		23 STENATUR Day T. Schneider M.D
19 dept	13-19 L	for	in Macy	legistrar	Eastern Ond. Scholl Kill
Date rec'd by t	registrar)		U R	registrat	Date sign



19. 9-23-(Date reed by registrar)

19 46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08982

. D. or other

CERTIFICAT	TE OF DEATH Reg. Diet. No
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2,(u) If veteran, name war.
Esther Celizabeth Do	aller
1. Sex 5. Color or race 6. (a) Stagle, married, widowed, or divorced 1. Male That Tagangel 1. Color or race 6. (a) Stagle, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 21. 19 16 at 10:15 A. h 21. LCERTIFY that death occurred on the date above stated: that Pattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tt less than one day	and that I last saw her alive on September 20 19 46 Immediate canapt death DUTATION
Birthplace (Town, county, and state)	Due to Meditie 3-40+
11. Industry or businesa 12. Name	Due to Dither conditions Serial Stone Life 4 days
14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Soust New market Mi	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cromation, or removal, Which?) Bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Location	Where did injury occur?
8. Funeral director The	Means of Injury Injured at work?
Address and lew Market	23. SIGNATURE Claredes Herolffuld

Rogistrar Address...

SEP 26 1946
BUREAU 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consession is especially important. Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING

VS A15

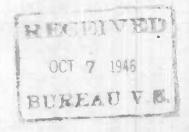
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-6

CERTIFICATE OF DEATH

(8983 Reg. Dist. No. //0

/	
1. PLACE OF DEATH: County Desclectes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Though County Doublaster
(If outside city or town limits, write KUKAL and give nearest town)	(If outside city or town limits, write RURAL end give nearest town)
How long in above place of death? 47 years	
Hospital, Institution, or street address where death occurred:	Street No. Academy Street
leadeny Flesh	(If rural Five LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sallie C. Harper	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
\(\frac{1}{2}\)	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP
Female Hhite Married	20. DATE OF DEATH September 27 19.46 at 7 A. M
8.(6) Name of huaband or wife George M. Harper	21. I CERTIFY that dath occurred on the date above atated; that Pattended deceased from
B.(O) Name of Augoand of Wife.	XIIII. TO US YOUTHEN IS
7. Birth date of 4. (8)	and that last saw here alive or select Za 1956
deceased (mo., day, yr.) February 18, 1861	1
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
2- 7 0	Succession in young a
85 7 9hramin.	
9. Birthplace Dordester Courty Maryland (Town, county, and state)	Due to
10 Ilsual occupation Housework	
To. south seempanisment	Due to
11. Industry or business Home	
12. Name Thomas Hubbard 13. Birthplace Dorcheste, County Maryland	Dither conditions Old age
\$ 13. Birthplace Dorchester Country Maryland	
M 4. OL	(Include pregnancy within 8 months of death)
14. Malden name	Major fiediors of operations.
El 15. Biripplace Chroline County, Maryland	Date of op.
16. Interment George M. Salper	Autopsy results.
Address Hurlock Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: if death was due to external causea, filt in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicido, or homicide
Cemetery or crematory St. Paul Cemetery	Where did injury occur? (City or town) (County) (State)
Jacobs Near Hurlock Maryland	tnjured at home, farm, industry, public place (where?)
Ass. F. 1+ 1 and I	Meena of tnjury () Injured at work?
III 1 1 1 1 1 1	The state of the s
Address theralsburg garyland	23. SIGNATURE TO THE STATE OF T
18. Spel 2 7 18 46 Chastly feeting	Address Auchor Md. Baje signed 9 - 27 - 4



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e correct a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9300

08984

CERTIFICATE OF DEATH

1	1	4			111
M.		Reg.	Diat.	No.	116

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town			URAL and give nearest town)	State	its, write RURAL and give near	est town)
3. (a) FULL NAME					3. (b) Social Security N	lumber
Minos Henr	ry	1.0 (-) 0: -1	, married, widowed, or divorced			
11	White		.dowed	MEDICAL C	19. 46	6:00 A m
8.(b) Name of husband or wife Margaret Hurley 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) September 19. 1946 Quly 13.1954				21. I CERTIFY that death occurred on the date a	bore stated; that lattended docear s46, toSeptember tember 18	19.1946
8. AGE: Years	Months	Days	If less than one day	Immediais cause of death		DURATION
92	2	6	hrsmin.		io-celerio cardio	
9. BirthplaceDorchester County			tate)	Due to Vascular disease		
10. Usuat occupationMerchant				Due to		
11. Industry or business 12. Name unknown 13. Birthplace				Other conditions		
14. Malden name	unkno			Major findings of operations.		
			Hospital Records	Antopsy results	which death should be charged a	
Address Cambridge, Maryland 17. Burial Date thereof Sept. 22, 1946 (Burlat, cremation, or removal, Which?) Cemetery or crematory Dorchester Memorial Park				22. VIOLENCE: If death was due to external control of the control	Date ot	
				Injured at home, tarm, Industry, public place		
Location Cambridge, Maryland				Means of Injury	tnjured at work?	
18. Funeral director LeCompte's Funeral ?Service				12	7.1/2	
Address Camb	ridge,	Mary	and.	23. SIGNATURE	A JAMAJA	Mul
19. — J — J — (Date rec'd by regist	- 19 4C	No.	le Noce for	Address Applead	Levis Date signed	4/11/11/11



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State. County County County County County County County County or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME York Jackson	3. (b) Social Security Number		
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced **Make Colored Married**	MEDICAL CERTIFICATION 20. DATE OF DEATH September 23 1846 21 9 4.		
6.(b) Name of husband or wife 3. Annie tackson 6.(c) It alive, give age 66 years 7. Birth date of deceased (mo., day, yr.) August 10, 1875	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept., 16" 1946 and that I last saw h. 1m alive on Sept., 20" 1946. 18.		
8. AGE: Years Months Days If less than one day 71 13hrsmin.	Immediate cause of death Appoplexy. DURATION		
9. Birthplace. Vienna Dorchester County, Maryland (Town, county, and state) 10. Usual occupation. Farm Laborer Tarm	Due to		
12. Name Charles Jackson 13. Birthplace Dorchoster County, Maryfand	Dither conditions (Include pregnancy within 3 months of death)		
14. Maiden name Rechel Hiele 15. Birthplace Dorchester County, Maryland 15. Intermed Mrs. Sarah annie Jackson	Major findings of operations		
Address Vienna Maryland	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following:		
17. Burial Date thereof September 26 1946 (Burial, cremation, or removal, Whigh?) Cemetery or crematory Reids Scare Counters	Accident, suicide, or homicide		
Location Reids Gross Many ford 18. Funeral director J. X. Framptons and Son	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work?		
18. Funeral director. S. Lauren Laure	23 Johnson Date signed 9/24/46		



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8986) (8986) (8986)

1. PLACE OF DEATH: county Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Cambridge	state Maryland county Dorchester		
(If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	street No. Race St.		
Race St.	(If rurat, give LOCATION)		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Jermiah Lewis	214-18 - 4450		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH September 26, 46 at 9:50A		
6.(b) Name of husband or wife Lena Simmons	21. I CEPTEY that death occurred on the date above plated; that I premided deceased from		
	Two 24 10 6 10 Fept 86 19 46		
(Deceased) 6.6 (c) If alive, give age years	and that I last saw h. L.M. alive on Sept. 2B 19 46		
deceased (mo., day, yr.) July 16, 1880	Immediair cause of death. DURATION		
8. AGE: Years Months Days If less than one day	A de la		
66 2 10hrsmin.	Heute Rheumake Vancardet Joan		
9. Sirthplace Hoopers Island, Dor. Co., Md.	Due to.		
1D. Usual occupation Waterman			
	Due to		
11. Industry or business Seafood	A A A A A A A A A A A A A A A A A A A		
12. Name Robert C. Lewis 13. Birthplace Maryland	Other conditions & alees Melling		
13. Birthplace Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Louise Creighton 15. Birthplace Maryland 16. W. Riley Lewis	(Include pregnancy within 3 months of death) Major findings of operations		
15. Birthplace Maryland	Date of op.		
16. Informant Mr. W. Riley Lewis	Antoney results		
Address Hoopers Island, Maryland	PHYSICIAN: Please moderline the caose to which death should be charged statistically.		
17. Burial Date thereof Sept. 28, 194 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:		
Cemetery or crematory Greenlawn Cemetery	Where did Injury occur?		
Location Cambridge, Maryland	injured at home, farm, Industry, public place (ghere?)		
16. Funeral director LeCompte's Funeral Service	Means of Injury Injured at work?		
Address Cambridfe, Maryland.	23. SIGNATURE HOURS / Olivaler Ships		
19. 9-28-46 19 Johnson Ju. Man. Registrar	Address 32 RACE ST. CAMBRIDGE, Md. Bate signed 9.28.46		

OCT 2 1946

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Wolchuster	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RUNAL and give nearest town)	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Mary aima moyey	3. (b) Social Security Number
4. Sex 5. Color on race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Genale whete 74 Midael	20. DATE OF DEATH September 19 1946 21 5P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	november 24th 1, 41 september 19, 46
7. Birth date of deceased (mo., day, yr.) Cuy 1st 1878	and that I last saw h alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death pulmonary edema 3 days
68 / /9hrsmin.	arra como
auxtres	left cerebral hemoraage with
9. 6irthplace (Town, county, and state)	right hemiplegia 4 day
10. Usual occupation. Touse WAR	Due to chronic arterioclerotic
11. Industry or business	heart disease 10 yrs
12. Name oceph Tryal 13. Girthplace austria	Other conditions severe osteoarthritis 5 yrs
	(Include pregnancy within 3 months of death)
14. Maiden name Darkura Sulka	Major findings of operations
Is. Birthplace a austria	major intentity of operations
16. Informant Lovekh Morky	Antopsy results.
Address Deartary	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
(h, h, d) \do b t 8/2 1911	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory sometary	Where did injury occur?
Location Leaketary	Injured at home, farm, industry, public place (where?)
the B TIM'DING SHELY.	Means of injury Injured at work?
18. Funeral director	
Address ast new Market,	23. SIGNATURE JUSE DULLING M. D. or other
19. Sept 2/ 1846 Elizabeth C Smith	Preston M d Bate stead 9/20/56



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

(18988 Reg. Dist. No. 110

City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME Blanche E. Neal	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Hidowed	MEDICAL CERTIFICATION 20. DATE DF DEATH September 10 19 46 of 12:30 A.M.
8. AGE: Yeara Months Days It less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeara Months Days It less than one day 7. Months Days It less than one day 7. Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that national deceased from 19. 5. to September 19. 46. and that I last saw h. 2. alive on
9. Birthplace Archester County, Maryland (Town, county, and state) 10. Usual occupation.	Due to Chonic Myocardutis Mr.
11. Industry or business 12. Name John Parry Harper 13. Birthplace Dorchester County, Maryland 14. Malden name Gertrude Harper 15. Birthplace Dorchester County, Maryland 16. Informant Miss any Windson	Other conditions
Address Hulock Mayfand 17. Bural Date thereof September 12 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory Washington Centery Location Mean Hulock Mayland 18. Funeral director A. F. Tramptom and Son	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Address Frderalsburg hayland 19. Sept 12 - 19. 46 Chash Hasing Registral	23. SIGNATURE William C. Harrison M. D. or ther Address. Date signed 9 12 46

SEP 27 1946
BUREAU V S

VS A15

MARVIAND	STATE	DEPARTMENT	OF	HEALTH
MANILAND	DIALL	DEI WILLIAM	VI	ALLEGALIA I

2411 N. Charles St., Baltimore 98-2

CERTIFICATE OF DEATH

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Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Aorthstea	State Thanke County Souchaster		
City or town Cart Market Rural (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
	(If rural, give LOCATION)		
	2.(a) If veteran, name war		
How long in hospifal or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Manie Hellers	hone		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fenale White Midowed			
	20. DATE OF DEATH September / 19 46 , at 5:45 P. N		
6.(b) Name of husband or wife Frank Sellers	21. I CERTIFY that death occurred on the date above stated; that aftended receased from		
	June 1945 Seft 12 19.46		
7. Birth date of	and that I last saw h. e.)' alive on Selet 184 19 4/6		
deceased (mo., day, yr.) Opil 18, 1875	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Clerence Macadeles 5 gen		
71 4 13hrsmin.	Al hesteusen 3411.		
9. Birthplace County, and state)	Due fo.		
10. Usual occupation. How several	Due 10		
11. Industry or business			
12. Name Lanes Baker	Dither conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Linabeth Towers	Major findings of operations		
HE 14. Maiden name. Elizabeth Towers 15. Birthplace Douchaster County haryland	Date of op.		
74. + . 6.04.			
16. Informant. Martin Sellers	Autopsy results		
Address Hurbock Maryland			
17 Buist Date thereof September 4 1946	22. VIOLENCE: If death was due fo external causes, fill in the following;		
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Hashington Cometery	Where did Injury occur?		
Location Hurlock Than land	Injured at home, farm, Industry, public place (where?)		
9- /	Means of injury Injured at work?		
18. Funeral director. Than storm and son	1 1 1		
Address tederalsburg waryland	23. SIGNATURE Frank M. anclesson M.O.		
19 Sept 4 19 46 Elizabeth C Smith	Quesalsting, Kech M. D. or other		



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8990

Reg. Dist. No. 116

1. PLACE OF DEATH: County. Dorchester City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 43 Years. Hospital, Institution, or street address where death occurred: 312 Henry St.		2. USUAL RESIDENCE (HOM (For newborn infents give resident State Maryland City or town Cambridge (If outside city or town Street No. 312 Henry 2.(a) If veteran, name war	County	Dorcheste	arest town)		
3. (a) FULL NA	ME			3. (b) Social Security Number			Number
	Henr	у G.	Stephens				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICA	L CEF	RTIFICATION	
Male	White	M	arried	20. DATE OF DEATH	pter	ber 18,46	7A . M
3/29/192 T. Birth date of deceased (mo., da	22Mary (lro.s.by	Slacum Died	21. I CERTIFY that death occurred on the d and that I last saw have salive on	19.4	6. 10 Sept.	19.44 19.46
8. AGE: Ye		14	hrsmin.	truia			6-7days
9. Birthplace East New Market, Dor. Co., Md. 10. Usual occupation		200		ie Cardio- delease	34e +		
13. Birthplace	Maryland	m1		(Include pregnancy wit			
		rTuom	a.s.	Major fiedings of operations	w	A. l	
	Maryland					Date of op	
16. Informant MI	cs. James	Slacu	11	Actopsy results	e to which	h death should be charged	statistically.
Address Cambridge, Maryland		22 VIOLENCE- If deals was due to exten					
II. Burial Date thereof Sept. 20, 1946 (month) (day) (year)		Accident, suicide, or homicide					
Cemetery or crematoryGreenlawnCometery		Where did injury occur?(City or t	town	(County)	(State)		
Location Car	bridge, 1	laryla	nd	Injured at home, farm, Industry, public pla	ace (wher		
18. Funeral director	LeCompte	s Fun	eral Service	Means of Injury		Injured at work?	
01.	abridge, M	0	me le mi	23. SIGNATURE Colridge	/2	Hesself.	or other
Daye rec'd by	fegistrar)	//	Registrar	Address duorege	-/-/V	Date signed.	9-20-46

SEP 26 1946
BUREAT V &

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	٠		2	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Dorchester	State Maryland county Dorekest	01-	
City or town Fishing Creek (If outside city or town limits, write RURAL and give nearest town)	State County DO COUNTY		
How long in above place of dealh?	City or town Tishing Creek (If outside city or town limits, write RURAL and give)	nearest town)	
How long in ecove place of dealing. Hospital, institution, or street address where death occurred:		dealest cown)	
noophal, montains, or order access and a contract	Street No. (Ifrural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Securit		
Melvin Travers	218-05-	8423	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white Single		/ 10 10 A	
7/14/2 24/1/	20. DATE OF DEATH September 6 19 40	6 at JO. 70 4 M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended de		
	Sept. 1 1946 10 Sufer.	6 19.46	
7. Sirih dale of 6.5 Sirih dale of 7. Si	and that I last saw h im alive on Legis . 5	1926	
7. 6irih dale of deceased (mo., day, yr.) Oct. 28, 1885	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
60 11 5min.	Carinoma of Homass		
9. Birthplace Fishing Creek, Ind.	-	****	
9. 6irthplace	Due 10	****	
10, Usual occupation House Carpentet			
1 1 1 .	Due 10		
11. Industry or business Contracting		·····	
12. Name William Major Travers 13. Birthplace Md.	Other conditions Chronic Neghritis	10 40	
Z a md.		0_	
14. Malden name Laura Elizaboth Lewis	(Include pregnancy within 3 months of death)		
14. Maiden name Laura Elizaboth Lewis 15. Birthplace Md.	Major findings of operations.		
El 15. Birthpiace Md.	Date of op		
16. Informant Mrs. Leila Jarrett	Autopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.	
Address Fishing Creek, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Buria Dale thereof 9/8/46 (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide		
	V	***************************************	
cemetery or crematory Dorchester Mamorial Park	Where did injury occur?(City or town) (County)	(State)	
Location Combridge, md.	Injured at home, farm, industry, public pface (where?)	***************************************	
	Means of Injury Injured at work?		
18. Funeral director Le Compte Funeral Service	Indiana or many	-	
Address Cambridge Ma.	de Marca ha	2	
	23. SIGNATURE aus W. Meade, M	1001	
19 (Dato red by registrar) 19 Kb Cam. W. Me a cle	Track med ma	9.1.1 6/x1	
(Date rec'd by registrar) Registrar	Address Justing Mek, Md Date signe	d. alman. o. 7. C. h.	





1. PLACE OF DEATH:

county Dorchester

How long in hospital or institution?...

(Deceased)

Years

73

9. Birthplace Church

1D. Usuat occupation

14. Malden na 15. Birthplace

3. (a) FULL NAME

Female

7. Birth date of

8. AGE:

Cambridge
(If outside city of town limits, write RURAL and give nearest town)

14

Creek, Maryland
(Town, county, and state)

Elizabeth Eugenia Vane 6.(a) Single, married, widowed, or divorced

Widowed

....6.(c) If attve, give age

If tess than one day

Date thereof Sept. 6, 1946

How long in above place of death? About 60 Years

White

6.(b) Name of husband or wife William B. Vane

deceased (mo., day, yr.) July 19. 1873

Merchant

12. Name Josephus Brannock

14. Maiden name Mary Eaton Airev Maryland

16 totorment Mr. William B. Vane. Jr. Address Mill St. Cambridge . Md.

Cemetery or crematory Old Trinty Church Cemetery

Church Creek, Maryland

Cambridge. Maryland.

18. Funeral director LeCompte's Funeral Service

11. Industry or business Millinery

13. Birthplace Maryland

17. Burial (Burial, cremation, or removal. Which?)

(Date rec'd by registrar)

Hospital, institution, or street address where death occurred: 105 Mill St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltime

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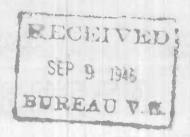
CERTIFICAT

E OF DEATH	Reg. Dist. No	16
2. USUAL RESIDENCE (I-C (For newborn infants give r	OME) OF DECEASED:	
state Maryland	county Dorcheste	r
City or townCambrid	Flown limits, write RURAL and give ne	arest town)
street No. 105 Mil	L St. a. frural, give LOCATION)	
2.(a) If veteran, name war	-	
	3. (b) Social Security	Number
MEDI	ICAL CERTIFICATION	
2D. DATE OF DEATH	Sept. 3, 1946	.a. 2:25P
and that last saw h &	the date above stated; that t attended dece	3 19 × 4
	half parmanyage	
	T. C. It Samples	2900
Due to Delleus	my CVD.	2
Due to		*
Other conditions		
(Include pregnanc	cy within 3 months of death)	
Major findings of operations		
	Date of op	
Actopsy results	cause to which death should he charged	statistically.
22. VIOLENCE: If death was due to	o external causes, till in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(Cit	ty or town) (County)	(State)
Injured at home, farm, industry, pub	ilic place (where?)	
Means of Injury	Injured at work?	

M. D. or other

information carefully. The cof death clearly and legibly, every item of ite the causes write Supply please INK. Physicians: Ü WRITE PLAINLY, WH'H UNI is especially important. PLEASE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (468)

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CERTIFICATE OF DEATH

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	Keg.	Dist.	No		

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town writing, write RURA) and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURA) and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widoweb or divorced Single Si	MEDICAL CERTIFICATION 20. DATE OF DEATH 19. Ho at M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot deceased (mo., day, yr.)	and that t last saw h Atmalive on 194
8. AGE: 6 Years Months Days If less than one day 1885.	Immediate cause of death DURATION
9. Birthpiace Maluncian (Jown, county, and state)	Due to
10. Usual occupation. Zabou	Due to
11. Industry or business 12. Name Classify the second support to the second support	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Coul Burde	Major findings of operations
16. Informant Badjel Richson	Autopsy results
Address Ranberdgerffl 3 Bott	PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burtin, Cremework or removal, Which?) (but thereof (minth) (buy) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
18. Funeral director Class H. B. amplem	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work?
Address Camberday nd	SSIGNATURE III Thomp procumed
19. To Go 18 the John Mearle	M. D. or other M. D. or other States and Bate signed 5 State & C.

